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La Gazette de L'État de Poudouchéry The Gazette of Puducherry

PART - II

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GOVERNMENT OF PUDUCHERRY HEALTH SECRETARIAT

(G.O. Ms. No. 15, dated 26th February 2014)

NOTIFICATION

In exercise of the powers conferred by sub-section (1) of section 54 of the Clinical Establishments (Registration and Regulation) Act, 2010 (Act No. 23 of 2010), the Lieutenant-Governor, Puducherry hereby makes the following rules, namely:—

- 1. Short title, application and commencement.— (1) These rules may be called the Puducherry Clinical Establishments (Registration and Regulation) Rules, 2014.
- (2) These rules shall be applicable to all the clinical establishments in the Union territory of Puducherry:

Provided that it shall be applicable to various categories of clinical establishments in a phased manner, as may be notified from time to time.

- (3) These rules shall come into force on the date of their publication in the official gazette of Puducherry.
- 2. *Definitions*.— In these rules, unless the context otherwise requires,—
 - (a) 'Act' means the Clinical Establishments (Registration and Regulation) Act, 2010.
 - (b) 'Rules' means the rules made under the Act.
 - (c) 'Authority' means the District Registering Authority established under section 10 of the Act.
 - (d) 'Certificate' means certificate of permanent registration issued under section 30 of the Act.
 - (e) 'Clinical Establishment' means.—
 - (i) a hospital, maternity home, nursing home, dispensary, clinic, sanatorium or an institution by whatever name called that offers services, facilities requiring diagnosis, treatment or care for illness, injury, deformity, abnormality or pregnancy in any recognised system of medicine established and administered or maintained by any person or body of persons, whether incorporated or not; or
 - (ii) a place established as an independent entity or part of an establishment referred to in sub-clause (i), in connection with the diagnosis or treatment of diseases where pathological, bacteriological, genetic, radiological, chemical, biological investigations or other diagnosis or investigative services with the aid of laboratory or other medical equipment, are usually carried on, established and administered or maintained by any person or body of persons, whether incorporated or not, and shall include a clinical establishment owned, controlled or managed by—

- (i) the Government or a department of the Government;
- (ii) a trust, whether public or private;
- (iii) a Corporation (including a society) registered under a Central, Provincial or State Act, whether or not owned by the Government:
 - (iv) a local authority, and
- (v) a single doctor, but does not include the clinical establishments owned, controlled or managed by the Armed Forces constituted under the Army Act, 1950, the Air Force Act, 1950 and the Navy Act, 1957.
- (f) 'Emergency Medical Condition' means a medical condition including any illness and/or intentional or accidental injury of any nature that may manifest itself by acute symptoms of sufficient severity (including severe pain) of such a nature that the absence of immediate medical attention could reasonably be expected to result in-
 - (i) placing the life or health of the individual or with respect to a pregnant woman, the life or health of the woman or her unborn child, in serious jeopardy.
 - (ii) serious impairment to bodily functions; or
 - (iii) serious defunction of any organ or part of a body.
 - (g) 'Form' means a Form appended in these rules.
- (h) 'National Council' means the National Council for Clinical Establishments established under section 3(1) of the Act.
- (i) 'Notification' means a notification published in the official gazette.
- (j) 'State Council' means the Puducherry Council for Clinical Establishments established under the section 8 of the Act.
- (k) 'Prescribed' means prescribed by rules made under the Act by the Central Government or Government of Puducherry, as the case may be.
- (1) 'Recognised System of Medicine' means Allopathy, Yoga, Naturopathy, Ayurveda, Homeopathy, Siddha and Unani system of medicines or any other system of medicine as may be recognised by the Central Government from time to time.

- (m) 'Register' means the register maintained by the authority, Government of Puducherry and the Central Government under sections 37, 38 and 39 respectively of the Act containing the number of clinical establishments registered.
- (n) 'Registration' means to register under section 11 and the expression registration or registered shall be construed accordingly;
- (o) 'Standards' means the conditions that the Central Government prescribed under section 12, for the registration of clinical establishments from time to time:
- (p) 'State Government' means, the Administrator thereof appointed by the President under Article 239 of the Constitution; and
- (q) 'To stabilize' means, with respect to an emergency medical condition specified in clause (f), to provide such medical treatment of the condition as may be necessary to assure, within reasonable medial probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a clinical establishment.

The words and expressions used herein and not defined but defined in the Act shall have the same meanings respectively assigned to them in the Act.

- 3. The Puducherry Council for Clinical Establishments.— (1) The Government of Puducherry shall by notification constitute a Union Territory Council called "Puducherry Council for Clinical Establishments" under section 8 of the Act.
- (2) Functions of the Puducherry Council for Clinical Establishments:-

The Puducherry Council for Clinical Establishments shall perform the following functions, namely:-

- (a) compiling and updating the Union Territory Registers of clinical establishments;
 - (b) sending monthly returns for updating the National Register;
 - (c) representing the Union Territory in the National Council;
 - (d) hearing of appeals against the orders of the authority;
- (e) publication on annual basis a report on the state of implementation of standards within the Union Territory;

- (f) monitor the implementation of the provisions of the Act and rules in the Union Territory;
- (g) recommend to the Government, any modifications required in the rules in accordance with changes in technology or social conditions;
- (h) perform any other function as may be outlined by the National Council for Clinical Establishments;
 - (i) any other function as may be prescribed by the Central Government/State Government.
- (3) Disqualification for appointment as member of the State Council:

A person shall be disqualified for being appointed as a member of the Puducherry Council for Clinical Establishments, if he -

- (a) has been convicted and sentenced to imprisonment for an offence which, in the opinion of the State Government involves moral turpitude; or
 - (b) is an undischarged insolvent; or
- (c) is of unsound mind and stands so declared by a competent court; or
- (d) has been removed or dismissed from the service of the Government or a Corporation owned or controlled by the Government; or
- (e) has, in the opinion of the State Government, such financial or other interest in the Council as is likely to affect prejudicially the discharge by him of his functions as a member.
- (4) Conduct of business: Every meeting of the Union Territory Council shall be presided over by the Chairperson.
- (5) Meeting of the State Council: The meeting of the State Council shall ordinarily be held at Puducherry on such dates as may be fixed by the Council and the State Council shall meet at least once in three months.
- (6) Notice of meeting: Notice of every meeting other than a special meeting shall be issued by the Member-Secretary to each member of the Council not less than one week before the date of the meeting.

- (7) Quorum call for meeting: One-third of the total number of members of the State Council shall form a quorum and all actions of the Council shall be decided by a majority of the members present and voting.
- (8) The notice and agenda of every such meeting of the State Council shall ordinarily be given 7 days before the meeting by the Member-Secretary of the Council.
- (9) The proceedings of the meetings of the Council shall be preserved in the form of minutes which shall be authenticated after confirmation by the signature of the Chairperson.
- (10) A copy of the minutes of each meeting of the State Council shall be submitted to the Chairperson within 7 days of the meeting and after having been approved by him/her shall be sent to each member of the Council within 15 days of the meeting. If no objection to their correctness is received within 10 days of their dispatch, any decision therein shall be given effect to, provided that the Chairperson may, where in his opinion it is necessary or expendient so to do, direct that action be taken on the decision of the meeting.
- (11) Resignation and filling of casual vacancies: A member desiring to resign his seat on the State Council shall send his resignation in writing to the Chairperson and every such resignation shall take effect from the date mentioned by him in this behalf or in case no such date is mentioned, from the date of the receipt of his letter by the Chairperson after confirmation from the member concerned about his resignation.
- (12) When a casual vacancy occurs by reason of death, resignation or otherwise of a member, a report shall be made forthwith by the Chairperson to the State Government which shall take step to have the vacancies filled by nomination or election, as the case may be.
- (13) Finance and accounts: The accounts of the State Council shall be audited annually by a registered chartered accountant appointed by the Government. Any expenditure incurred in connection with such audit shall be payable by the Council.
- 4. Establishment of registering authority.— (1) The State Government shall by a notification under section 10 of the Act and in accordance with the rules framed by the Central Government in this behalf set up an authority to be called the District Registering Authority for registration of clinical establishments in the Union Territory.

- (2) Functions of the registering authority: The registering authority shall perform the following functions, namely:-
 - (a) To grant, renew, suspend or cancel registration of any clinical establishments.
 - (b) To enforce compliance of the provisions of the Clinical Establishments (Registration and Regulation) Act, 2010 and the rules made thereunder.
 - (c) To investigate complaints of breach of the provisions of the Act or the rules made thereunder and take immediate action.
 - (d) To prepare and submit on quarterly basis, report containing details of number and nature of provisional and permanent registration certificates issued; including those cancelled, suspended or rejected, to the State Council.
 - (e) To report to the State Council on a quarterly basis, on the action taken against the functioning of unregistered clinical establishments in violation of the Act and the rules.
 - (f) Perform any other functions as may be prescribed by the Central Government and/or the State Government from time to time.
- (3) Powers of the registering authority: The District Registering Authority shall, for the purposes of discharging its functions under this Act, have the powers in respect of the following matters, namely:-
 - (a) summoning and enforcing the attendance of any person and examining him on oath;
 - (b) requiring the discovery and production of any documents or other electronic records or other material objective produceable as evidence;
 - (c) receiving evidence on affidavits;
 - (d) requisitioning of any public record;
 - (e) issuing commission for the examination of witnesses or documents;
 - (f) reviewing its decision, directions and orders;
 - (g) dismissing an application for default or deciding it ex parte;

52

- (h) imposing monetary penalty under the provision of the section 41 and 42 of the Act.
 - (i) any other matter which may be prescribed.
- (4) Meetings of registering authority: The meetings of the registering authority shall be held once in a month at a stipulated date and time.
- (5) Conduct of business: Every meeting of the registering authority shall be presided over by the Chairperson.
- (6) Notice of meeting: Notice of every meeting other than a special meeting shall be issued by the convener to each member not less than one week before the date of the meeting.
- (7) Quorum: One-third of the total number of members of the registering authority shall form a quorum and all actions of the authority shall be decided by a majority of the members present and voting.
- (8) The proceedings of the meetings of the registering authority shall be preserved in the form of minutes which shall be authenticated after confirmation by the signature of the Chairperson.
- (9) A copy the minutes of each meeting of the registering authority shall be submitted to the Chairperson by the Member-Secretary within 5 days of the meeting and after having been attested by him/her shall be sent to each members of the Council within 15 days of the meeting. If no objection to their correctness is received within 10 days of their dispatch, any decisions therein shall be given effect to, provided that the Chairperson may, where in his opinion it is necessary or expedient so to do, direct that action be taken on the decision taken in the meeting.
- (10) Resignation and filling of casual vacancies: If a casual vacancy occurs in the office, whether by reason of death, resignation or inability to discharge functions owing to illness or any other incapacity, such vacancy shall be filled by the District Collector by making a fresh appointment and the member so appointed shall hold office for the remaining term of office of the person in whose place, in which he is so appointed.

- 5. Registration of clinical establishments.— (1) Application for registration. The applicant shall apply to the concerned registering authority, notified by the Government for provisional registration, either in person, or by post or through web based online facility with the necessary information in a format as per Form-'A'.
- (2) The applicant shall apply to the concerned registering authority notified by the Government for permanent registration, in person, or by post or through web based online facility with the necessary information filled and with evidence of having met the requirements of minimum standards and personnel for different categories of clinical establishments in a form and format as may be specified by the State Government.
- (3) If an establishment is offering services in more than one category, the establishment will need to apply for a separate provisional or permanent registration for each category of establishment under section 14 (1) and section 30 of the Act. However, if a laboratory or diagnostic centre is a part of an establishment providing out-patient/in-patient care, no separate registration will be required.
- (4) Acknowledgment of application: The registering authority or any person in his office authorized in this behalf, shall acknowledge receipt of the application for registration, in the acknowledgment slip in Form-'AA' immediately, if delivered at the office of the authority, or not later than the next working day, if received by post and by online acknowledgment to be generated automatically by the system.
- (5) Grant of registration: The registering authority shall not undertake any enquiry prior to the grant of provisional registration and shall within a period of ten days from the date of receipt of such application, grant to the applicant a certificate of provisional registration containing particulars and information in Form–'R' either by post or electronically.
- (6) Certificate of permanent registration: The District Registering Authority shall grant the applicant a certificate of permanent registration in form as specified by the State Government either by post or electronically after satisfying itself that the applicant has complied with

all the requirements and criteria, including provisions of minimum standards and personnel required to run the clinical establishment prescribed by the Government and statutory requirements.

- (7) In case of permanent registration, under section 29 of the Act, the authority shall pass an order within the period prescribed hereunder:-
 - (a) allowing the application for permanent registration; or
 - (b) disallowing the application:

Provided that the authority shall record its justifications and reasons, if it disallows an application for permanent registration.

- (8) Fees to be charged: The State Government may charge fees for different categories of clinical establishments.
 - (a) The various fees to be charged for provisional and permanent registration, renewal, late application, duplicate certificate, change of ownership, management or name of establishment shall be as in Form 'AB'.
 - (b) The clinical establishments owned, controlled and managed by the Government (Central, State or local authority) or department of Government shall be exempted from payment of fees for registration.
 - (c) The fees prescribed for registration of various categories of clinical establishments may be revised by the State Council through a notification issued by the State Government.
 - (d) The fee shall be paid by a demand draft/online transaction in favour of the registering authority concerned.
 - (e) The fees collected by the registering authorities for registration of the clinical establishments shall be, deposited by the authority concerned in a nationalised bank account opened in the name of the official designation of the registering authority concerned and shall be utilised by the authority for the activities connected with the implementation of the provisions of the Act and rules as approved by the District Registering Authority.

- (f) There shall be a constituted fund called 'The Puducherry Council for Clinical Establishments Fund' and all District Registering Authorities shall credit five per cent of the total amount collected by them by way of fees.
- (g) The account shall be maintained as per the general financial rules and shall be audited by a registered chartered accountant notified by the Government and the annual reports shall be submitted to the State Council.
- (h) In the event of any change of ownership or management, the establishment shall intimate to the District Registering Authority in writing within one month of such change along with the fees prescribed in Form-'AB' for issue of a revised certificate of provisional or permanent registration as the case may be, incorporating the changes and on surrendering the old certificate of registration.
- (i) In the event of certificate of registration (provisional or permanent) being lost or destroyed, the owner shall apply to the District Registering Authority to issue a duplicate certificate upon payment of the fees prescribed in Form-'AB'.
- 6. Renewal of registration.— (1) The clinical establishment shall apply for renewal of provisional registration thirty days before the expiry of the validity of the certificate of provisional registration. In case, the application for renewal is not submitted within the stipulated period, the authority shall allow for renewal of registration on payment of the renewal amount as prescribed in the Form-'AB' and penalty of ₹ 100 per day till the date of application for renewal.
- (2) The clinical establishment shall apply for renewal of permanent registration three months before the expiry of the validity of the certificate of permanent registration. In case the application for renewal is not submitted with in the stipulated period, the authority will allow for renewal of registration on payment of amount as prescribed in Form-'AB' and penalty of ₹ 250 per day till the date of application for renewal.
- (3) The renewal will be granted by the authority within 3 months of receipt of the application, failing which it will be deemed to have been renewed. If the clinical establishment does not apply within one month of expiry of registration period, the registration will be deemed to have been suspended.

7. Registers to be maintained, furnishing of returns and display of information.—

Register to be maintained: (1) Every District Registering Authority shall within a period of two years from its establishment, compile, publish and maintain in digital format, a register of clinical establishments registered by it and shall enter the particulars of the certificates so issued in a register containing particulars as developed by national council.

- (2) Every District Registering Authority including any other authority set up for the registration of clinical establishments under the law for the time being in force shall apply in digital format to the State Council for Clinical Establishments a copy of every entry made, in the District Register of Clinical Establishments for a particular month by the 15th day of the following month as required in section 37 (2) of the Act.
- (3) Display of Information: The District Registering Authority shall, within a period of forty-five days from the grant of provisional registration, mandatorily cause to be published in the public domain either through two local newspapers or any other public forums and on the website, which the District Registering Authority will launch, the name of the clinical establishments, address, ownership, name of person in-charge, system of medicine offered, type and nature of services offered and details of the medical staff (doctors, nurses, etc.) as required under section 16 (2) of the Act.
- (4) The State Council could make changes in the nature of information to be provided in the public domain through a notification, except in the case of the mandatory information to be provided under section 16 (2) of the Act.
- (5) The District Registering Authority shall, within a period of 7 days cause to be published in the public domain either through two local newspapers or any other public forums and on the website, which the District Registering Authority will launch, the name of the clinical establishments, address, ownership, name of person in-charge, system of medicine offered, type and nature of services offered and details of the medical staff (doctors, nurses, etc.) and the details and information related to having complied with the minimum standards and personnel prescribed for the particular category of clinical establishment as required under section 26 of the Act.

- (6) The District Registering Authority shall cause to be displayed the above information in public domain for a period of 30 days for filing objections before granting permanent registration in Form—"O". If any person has any objection to the information published regarding the clinical establishment they shall give in writing the reasons and evidence of objection or non-compliance of any statutory requirement to the District Registration Authority.
- (7) The District Registering Authority shall, within a period of 15 days cause to be published in the public domain the name of the clinical establishment whose (provisional or permanent) registration has expired as required under section 21 and section 30 of the Act.
- 8. Maintenance of records and reporting by clinical establishments.— (1) The clinical establishments shall maintain medical records of patients treated by it and health information and statistics in respect of national programmes and furnish the same to the concerned programme officers periodically. The minimum medical records to be maintained and nature of information to be provided by the clinical establishments will be as per the format Form—"REG".
- (2) Copies of all records and statistics shall be kept with the clinical establishments concerned for at least 3 years or in accordance with any other relevant Act in force at the time as required under section 12 (1) (iii) of the Act.
- (3) All clinical establishments shall be responsible for submission of information and statistics in the time of emergency or disaster or epidemic situation.
- (4) The Government may notify from time to time, the nature of information that needs to be furnished by the clinical establishments including other diseases notified for this purpose along with the prescribed interval.
- 9. Other conditions for registration and continuation of clinical establishments.— (i) Each category of clinical establishments shall comply with the standard treatment guidelines and maintain electronic records of every patient as may be notified by the Central Government from time to time.

- (ii) Each category of clinical establishments shall charge the rates for each type of procedure and service within the range of rates to be notified by the State Government from time to time, for such procedures and services.
- (iii) Every clinical establishment shall display the rates charged for each type of service provided and facilities available, for the benefit of the patients at a prominent place in the local language and as well as in English language. The minimum list of services for which rates are to be displayed are given in Form–RATE.
- (iv) Every category of clinical establishments, as may be notified by the State Government from time to time, shall establish mechanisms for review and audit for the purpose of provision of rational practice and service and maintenance of high standards of quality.
- (v) Each category of clinical establishments, as may be notified by the State Government shall carry out every prescription audits every 3 months.
- (vi) Each category of clinical establishments, as may be notified by the State Government from time to time, shall carry out audit to assess the cause of death including treatments given to explore better preventive and management strategies.
- (vii) In addition to the specific provisions of the Clinical Establishments (Registration and Regulation) Act, 2010 all establishments shall comply and maintain information and statistics in keeping with other applicable Acts and rules which are in force in this Union Territory.
- 10. Power to enter.— (1) Entry and search of the clinical establishment can be done by the District Registering Authority or an officer or team duly authorised by it or subject to such general or special orders as may be made by the authority. Such a decision will be required to be taken by majority of members of the District Registering Authority.
- (2) Such entry and search of clinical establishments can be conducted if anyone is carrying on a clinical establishment without registration or does not adhere to the prescribed minimum standards or there is reasonable cause to believe that the clinical establishments are being used for purposes other than that for which it is registered or

contravenes any of the provisions of the Act and rules and the authority or the officer authorised by it shall at all reasonable times enter and inspect any record, register, document, equipment and articles as deemed necessary under the provisions of section 34 of the Act.

- (3) The inspection team shall intimate the establishment in writing about the date of visit and reasons for the inspection. The team shall enter all portions of the premises used or proposed to be used for the clinical establishments and inspect the equipments, furniture and other accessories and enquire into the professional qualifications of the technical staff employed or to be employed and shall make any such other enquiries as they consider necessary to verify the statements made in the application for registration and grant of licence. All persons connected with the running of the establishment shall be bound to supply full and correct information to the inspection team.
- (4) The officer and/or inspection team so constituted by the registering authority shall submit a report as in Form—"IR" within a week of the inspection to the District Registering Authority with a copy to the State Council.
- 11. Cancellation of registration.— (1) If, at any time after any clinical establishments has been registered, the authority is satisfied that—
 - (a) the conditions of the registration are not being complied with; or
 - (b) the person entrusted with the management of the clinical establishment has been convicted of an offence punishable under the Act, it may issue a notice to the clinical establishment to show cause within three months time as to why its registration under the Act should not be cancelled for the reasons to be mentioned in the notice.
- (2) If after giving a reasonable opportunity to the clinical establishment, the authority is satisfied that there has been a breach of any of the provisions of the Act or the rules made thereunder, it may, by an order, without prejudice to any other action that it may take against such clinical establishment, cancel its registration.

- (3) Every order made under sub-section (2) shall take effect:
- (a) Where no appeal has been preferred against such order immediately on the expiry of the period prescribed for such appeal; and
- (b) Where such appeal has been preferred and it has been dismissed from the date of the order of such dismissal:

Provided that the authority, after cancellation of registration for reasons to be recorded in writing, may restrain immediately the clinical establishment from carrying on if there is imminent danger to the health and safety of patients.

- 12. Penalties.— (1) Whoever carries on a clinical establishment without registration or whoever willfully disobeys any direction, or obstruct any person or authority or withholds any such information or provides false information shall be liable for a monetary penalty, as prescribed for in the Act.
- (2) Whoever carries on a clinical establishment without registration, shall, on first contravention be liable to a monetary penalty up to fifty thousand rupees, for second contravention to a monetary penalty which may extend to two lakh rupees and for any subsequent contravention to penalty which may extend to five lakh rupees.
- (3) Whoever knowingly serves in a clinical establishment which is not duly registered under this Act shall be liable to a monetary penalty which may extend to twenty-five thousand rupees.
- 13. Appeals.— (1) Any person or clinical establishment, if aggrieved by the decision of the authority may file an appeal in Form—"APL" to the State council within thirty days from the date of receipt of such order along with a fee of $\mathbf{\xi}$ 5,000.
- (2) After receipt of the appeal, the State Council shall fix time and date for hearing and inform the same to the appellant and others concerned by a registered letter giving at least 15 days time for hearing of the case.
- (3) The appellant may represent by himself or by authorised person or by a legal practitioner and submit the relevant documentary material if any in support of the appeal.

- (4) The State Council shall hear all the concerned, receive the relevant oral/documentary evidence submitted by them, consider the appeal and communicate its decision preferably within 90 days from the date of filing the appeal.
- (5) If the State Council consider that an interim order is necessary in the matter, it may pass such an order, pending final disposal of the appeal.
- (6) The State Council will have the authority to stay the operation of the order of the district authority till such time as it deems necessary.
 - (7) The decision of the State Council shall be final and binding.
- (8) If no appeal is filed against the decision of the registering authority (*i.e.*) within 30 days from the date of receipt of the order, the orders of the authority shall be final.
- (9) The penalty fees and appeal fees collected by the authorities shall be deposited by the authority concerned in a nationalised bank account opened in the name of the official designation of the 'Puducherry Council For Clinical Establishments' concerned and shall be utilised by the Council and authority for the activities connected with the implementation of the provisions of the Act as approved by the Council.
- 14. Provision of medical assistance at the time of natural calamity or disaster.— In case of any natural calamity or disaster, all the private clinical establishments shall provide such reasonable assistance and medical aid as may be considered essential at the time of natural calamity or disastrous situation.
- 15. Implementation of National Health Programmes.— All the private clinical establishments shall implement all the National Health Programmes launched by the Government of India from time to time and shall submit periodical reports to the health authorities concerned in the specified *pro forma*.

(By order of the Lieutenant-Governor)

V. JEEVA,

Under Secretary to Government (Health).

FORM-'A'

GOVERNMENT OF PUDUCHERRY

DEPARTMENT OF HEALTH AND FAMILY WELFARE SERVICESAPPLICATION FOR PROVISIONAL REGISTRATION OF CLINICAL ESTABLISHMENTS

[Section 14 (1) and 14 (3) of the Act]

| 1. | Name of the establishment or | |
|----|------------------------------|--|
| | doctor (in case of single | |
| | practitioner). | |

2. Address :

PIN code :

Tel. No. (with STD code) : Mobile :

Fax : e. mail :

Website (if any) :

3. Year of starting :

4. Location : Urban/Rural

5. Ownership of services

(a) Public Sector

Central Government/State Government/Local Government Public Sector undertaking/Railways/Employee State Insurance Corporation (ESIC)/ Autonomous organisation/Society/Not for profit companies.

Any other (please specify):

(b) Private Sector

Individual proprietorship/[Registered partnership/Registered company/Corporation (including a Society) registered under a Central, Provincial or State Act (please specify):

Trust (including charitable) registered under a Central, Provincial or State Act (Please specify):

Branch of a Foreign Service provider (please specify).....

| 6. | Name of the owner | : | | |
|----|----------------------------------------------------------------------------------------|------|-------------------|---------|
| | Address | : | | |
| | | | | |
| | PIN code | : | | |
| | Tel. No. (with STD code) | : | Mobile: | Fax: |
| | e.mail | : | | |
| 7. | Name, designation and qualification of person in-charge of the clinical establishment— | | | |
| | Name of person in-charge | : | | |
| | Designation: | | Qualification: | |
| | Registration No. and name of the Council | : | | |
| | Address | : | | |
| | | | | |
| | PIN code | : | | |
| | Tel. No.(with STD code) | : | Mobile: | Fax: |
| | e.mail | : | | |
| 8. | System of medicine offered (Please specify). | : | | |
| | (i) Allopathy, (ii) Ayurve | da | (iii) Unani, (iv) | Siddha, |
| | (v) Homeopathy, (vi) Yoga a | ind | Naturopathy, | |
| | (vii) Any other (please speci | fy): | | |

Single practitioner/Polyclinic Medical Termination of Pregnancy (MTP)/Dental/Mobile/Any other (please specify) :

9. Type of establishment: (Please tick whichever is applicable)

Clinic

Centre:

Sub-Centre Primary Health Community Health

Urban Health Centre Centre. Centre.

Counseling Centre Dispensary Day care Centre

In Vitro Fertilization (IVF) Wellness Centre Dialysis

Centre. Hospice Centre

Any other (like Refraction Audiometry, Prosthetic and Orthotic etc., please specify):

Diagnostic Centre

Laboratory:

Pathology

Hematology Histopathology Cytology

Genetics Sample Collection Centre.

Any other (please specify):

Biochemistry/Microbiology, Any other (please specify):.....

Imaging Centre:

Portable X ray Conventional X ray

X ray with computerised Radiography System. Digital X ray Ultrasound

Ultrasound with color doppler. Mammography

CT Scan

Orthopentogram(OPG)/

Magnetic Resonance Imaging (MRI).

Positron Emission Tomography (PET) Scan. Bone Densitometry

Uro-flowmetry

Any other (Please specify):

Miscellaneous

Electro Cardio Graphy (ECG) Echo cardiography

Tread Mill Test Electro Myo Graphy (EMG)
Electro Encephalo Graphy (EEG) Electrophysiological studies

Any other (please specify):

Blood banks

(A) Based on location

Stand alone Hospital based

Any other (please specify):

(B) Based on facilities Blood bank/Centre having whole blood facility only. Blood bank/Centre having whole blood and component facility. Blood bank/Centre having whole blood and/or component facility. with any other additional facility (please specify): Hospital **General Practice Services** Maternity Home Clinic Specialty Services Multi Specialty Services Super Specialty Services Operation Theater Emergency/Causality ICCU **ICU** Any other please specify): Sanatorium Any other (please specify): SYSTEM OF MEDICINE 10. Services offered (please tick whichever is applicable) (a) Allopathic Specialty Medical **Paediatrics** Surgical Obstetrics and Gynaecology Any other please specify:..... (b) Ayurveda Ausadh Chikitsa Shalya Chikitsa Shodhan Chikitsa Rasayana Pathya Vyavastha. Any other please specify: (c) Unani Ilaj-bit-Tadbeer Matab Jarahat Hlfzan-e-Sehat Any other please specify: (d) Siddha Maruthuvam Sirappu Maruthuvam Varmam Thokknam and Yoga

Any other please specify:.....

| | Gene | Homoeopathy ral Homeopath other please sp | ny pecify: | | |
|------|------------|-------------------------------------------|------------------|--------------|--------------------|
| | Exter | - | | | Internal Therapies |
| | | ang Yoga | pecify: | | |
| INFR | RASTR | RUCTURE DE | TAILS: | | |
| | 11. A | rea of the esta | ablishment (in | Sq. meters) | : |
| | (a) | Total area : | (b |) Constructe | ed area: |
| | 12. (| Out-patient De | partment | | |
| | 12.1 | Total No. of O | PD clinics : | | |
| | | | | | |
| | Sl. No. | Specialty | No. of rooms | | |
| | | | | | |
| | | | | | |
| | 13. Ir | n-patient Depa | rtment: | | |
| | 13.1. | Total number | of beds: | | |
| | 13.2. | Specialty-wis | e distribution o | f beds, plea | se specify: |
| | Sl. No. | Specialty | No. of rooms | | |
| | | | | | |
| | | | | | |
| | | • | | • | |

| 14. Bio-me | dical was | te management | | | |
|----------------------------------------------------------------|------------|------------------------------------|------------------|-------------------------|--|
| 14.1. Method of treatment and/or disposal of Bio-medical waste | | | | | |
| | common | Onsite f | | | |
| • | | pecify: | | • | |
| · | - | • | | | |
| | | norisation from mmittee obtaine | | ontrol Board/ | |
| Yes | No A | applied for | Not applicable | | |
| HUMAN RESOU | CES: | | | | |
| 15. Total nu | mber of | staff (as on date | of application |): | |
| No. of pe | rmanent s | staff : N | No. of temporar | y staff : | |
| Please fu | rnish the | following detai | ls:- | | |
| Category of staff | Name | Qualification | Registration No. | Nature of service | |
| | | | | permanent/ temporary | |
| Doctors | | | | | |
| Nursing staff | | | | | |
| Para-medical staff. | | | | | |
| Pharmacist | | | | | |
| Support staff | | | | | |
| Others, please specify. | | | | | |
| Separate an | nexure m | ay be attached. | | | |
| 16. Paymen | t option f | or registration f | ees: | | |
| Online pa | ayment | Demand Draf | ft Postal | Order | |
| Any other (please specify): | | | | | |
| Amount (in ₹): | | | | | |
| Details : | Details : | | | | |
| Receipt N | No : | | | | |
| | | | | | |

I hereby declare that the statements above are correct and true to the best my knowledge and I shall abide by all the rules and declarations under the Clinical Establishments Registration and Regulation) Act, 2010.

I undertake that I shall intimate to the appropriate registering authority any change in the particulars given above:

| Place: Date: | Signature of the authorised signatory Office seal. |
|-------------------------------------------------------------|---------------------------------------------------------------|
| | FORM - 'AA' |
| GOVERNMEN | NT OF PUDUCHERRY |
| DEPARTMENT OF HEALTH | AND FAMILY WELFARE SERVICES |
| | CLINICAL ESTABLISHMENT FOR RECEIPT OF APPLICATION |
| [Se | re rule 5(4)] |
| Registration of the Clinical Es | ant/renewal of Provisional/Permanent tablishment submitted by |
| (Name and address of owner | r) has been received by the District(date) and found to be |
| This acknowledgment doc for grant or renewal of registra | es not confer any right on the applicant tion. |

Seal: Signature and designation of

Date: registration authority or any authorised person by the registering authority.

FORM - 'AB'

GOVERNMENT OF PUDUCHERRY

DEPARTMENT OF HEALTH AND FAMILY WELFARE SERVICES

FEES TO BE PAID FOR REGISTRATION/ RENEWAL OF CLINICAL ESTABLISHNMENT

[Sections 14 (1), 19, 20(2), 24 and 35 of the Act]

| Urban | | Rural | |
|-------------|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Provisional | Permanent | Provisional | Permanent |
| (yearly) | (for a period | (yearly) | (for a period |
| | of 5 years) | | of 5 years) |
| ₹ | ₹ | ₹ | ₹ |
| 1,000 | 3,000 | 500 | 1,500 |
| | | | |
| 2,000 | 5,000 | 1,000 | 3,000 |
| 5,000 | 10,000 | 2,500 | 5,000 |
| 10,000 | 20,000 | 5,000 | 10,000 |
| 20,000 | 40,000 | 10,000 | 30,000 |
| | Provisional (yearly) ₹ 1,000 2,000 5,000 10,000 | Provisional (yearly) Permanent (for a period of 5 years) ₹ ₹ 1,000 3,000 2,000 5,000 5,000 10,000 10,000 20,000 | Provisional (yearly) Permanent (for a period of 5 years) Provisional (yearly) ₹ ₹ ₹ 1,000 3,000 500 2,000 5,000 1,000 5,000 10,000 2,500 10,000 20,000 5,000 |

| Laboratories | 1,000 | 2,000 | 500 | 1,000 |
|-------------------------------------|--------|--------|--------|--------|
| Diagnostic and Imaging (X-ray/ECG). | 1,500 | 3,000 | 1,000 | 2,000 |
| Ultrasound Scan Centre. | 2,000 | 4,000 | 1,500 | 3,000 |
| Blood Bank | 2,000 | 4,000 | 1,000 | 2,000 |
| CT Scan Centre | 10,000 | 15,000 | 5,000 | 10,000 |
| MRI Scan Centre. | 15,000 | 30,000 | 10,000 | 20,000 |

Other fees:

- * For renewal same amount of registration fee (provisional/permanent).
- * For late application the amount would be double of the registration fee (provisional/permanent) along with penalty.
- * For duplicate certificate the amount would be ₹ 500.
- * For change of ownership, management or name of establishment would as that of registration fee.
- * For any appeal the amount would be ₹ 5,000.

If a laboratory or diagnostic centre is a part of a establishment providing out-patient/ in-patient care no separate registration is required.



FORM-'R'

GOVERNMENT OF PUDUCHERRY

DEPARTMENT OF HEALTH AND FAMILY WELFARE SERVICES

PROVISIONAL CERTIFICATE FOR REGISTRATION OF CLINICAL ESTABLISHMENT

[Section 15 of Act and rule 5(5)]

Provisional Registration No:

Date of issue : Valid up to :

| 1. M/s./Doctor | (name of the clinical |
|-------------------------------------------------|---------------------------------------|
| establishment) operating from | (complete address) as |
| | |
| (type of clinical | · · · · · · · · · · · · · · · · · · · |
| provisionally registered under the provision of | |
| (Registration and Regulation) Act, 2010 to | provide service under |
| system of medicine with | (bed strength). |

2. This authorisation is subject to the conditions stated and to such other conditions as may be specified in the rules in force under the Clinical Establishments (Registration and Regulation) Act, 2010.

Place: Name and designation

Date: of the registering authority:

Terms and conditions of registration*

1. The holder of this certificate of registration shall comply with all the provisions of Clinical Establishment (Registration and Regulation) Act, 2010 and the rules made thereunder.

- 2. The certificate of registration is not transferable.
- 3. Any change of ownership or change of category or change of management or on ceasing function as a clinical establishment, the certificate of registration shall be surrendered to authority and application for fresh registration may be submitted.
- 4. The certificate of registration shall be displayed in a prominent place in a part of the premises open to public.
- * Additional terms and conditions are as stipulated by the appropriate registering authority.

FORM - 'O'

GOVERNMENT OF PUDUCHERRY

DEPARTMENT OF HEALTH AND FAMILY WELFARE SERVICES

REGISTRATION OF CLINICAL ESTABLISHMENT DISPLAY OF INFORMATION FOR FILING OBJECTIONS

[Section 26 and see rule 7(3)]

| I, | | bei | ng the Distri | ct Registering |
|------------------------|-----------------|---------------|---------------|----------------|
| Authority under the (| Clinical Estab | olishment A | ct, 2010 afte | r considering |
| the applications recei | ved during th | e period; fr | om | |
| to | . under section | on 24, satisf | ying the pro | visions of the |
| Clinical Establishm | ent Act, 201 | 0 and the | Clinical E | stablishment |
| Rules, 2014 made t | hereunder, h | nereby pub | lish the lis | t of clinical |
| establishments; within | n the jurisdict | ion of | | . district. |
| | | | | |

| Sl. | Name of clinical | Ownership/ | System of | Date on | Category and |
|-----|------------------|------------|-----------|-------------|--------------|
| No. | establishment | in-charge | medicine | which | standards |
| | with address | | | application | complied |
| | | | | was | with |
| | | | | submitted | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Place: | | Signature: |
|--------|----------------------------------|------------|
| Date: | | Name: |
| | (C = =1 = f +1= = ==+1= = =:+==) | |

(Seal of the authority)

FORM-'IR'

SUGGESTED FORMAT FOR SUBMISSION OF INSPECTION REPORT

[Section 33 and see rule 9(4)]

Number of visits made with dates:

Names and details of members of the inspection team

Name of clinical establishment visited

Address and contact details of clinical establishment visited

Process followed for inspection (e.g. kindly outline who was met with, what records were examined, etc.)

Salient observations/findings

Conclusions

Specific recommendations—

To the Clinical Establishment

To the District Registering Authority

In case of lack of consensus amongst members of the inspection team, the same may be kindly indicated

Signature (of all members of the inspection team).

Place:

Date:

FORM - 'APL'

[Section 36(2) of Act and rule 12(1)]

| To |) |
|----|-------------------------------------------------|
| | The Member-Secretary, |
| | Puducherry Council for Clinical Establishments, |
| | Government of Puducherry |
| | |

| Sir, |
|------------------------------------------------------------------------------------|
| I, had applied |
| for registration under Clinical Establishments Act, 2010 for |
| (name of the establishment) |
| located at |
| (address of the establishment) |
| |
| I, owner of the of the |
| establishment (name of the establishment) |
| located at is a valid licence holder with |
| Registration No under the Clinical Establishment |
| Act, 2010. |
| |
| I was communicated by the District Registering Authority vide |
| Order No that either; |
| (i) That my application was rejected |
| (ii) That my registration is cancelled |
| (iii) I am restrained from carrying on with the running of clinical establishment. |
| (iv) That I am charged with a penalty for an offence under the Act |
| (v) Any other |

| | The | e above | decis | sion of the | e D | istrict Re | giste | ering Autho | rity | appe | ears |
|----|----------|---------|--------|-------------|-----|------------|-------|-------------|------|------|------|
| to | be no | t valid | and | I request | to | consider | my | application | as | per | the |
| ju | stificat | ion me | ntione | ed below: | | | | | | | |

| (i) | |
|-------|--|
| (ii) | |
| (iii) | |

I am willing to appear before you for a personal hearing, if necessary. I am enclosing herewith a draft of \mathfrak{T} 5,000.

Thanking you

Place: Signature:

Date: Name :

Name of the Clinical Establishment:

- (1) Address :
- (2) Owner of the clinical establishment:
- (3) Name of person in-charge :
- (4) System of medicine :
- (5) Type of establishment

is hereby provisionally registered under the provisions of Clinical Establishments (Registration and Regulation) Act, 2010 and the rules made thereunder.

This authorisation is subject to the conditions as specified in the rules in force under the Clinical Establishments (Registration and Regulation) Act, 2010 and the rules made thereunder.

Place: Designation of the issuing authority:

Date:

District Registration Authority Address:

Phone number in case of grievances

FORM - 'REG'

RECORDS TO BE MAINTAINED BY CLINICAL ESTABLISHMENTS

The various medical records to be maintained by the clinical establishment are as follows:-

- * Out-patient register
- * In-patient register
- * Operation Theatre register
- * Labor room register
- * MTP register (If register under the MTP Act)
- * Case sheets
- * Medico-legal register
- * Laboratory register
- * Radiology and imaging register
- * Discharge summary
- * Medical certificate in duplicate
- * Complaint register
- * Birth register
- * Death register (in such format as prescribed by Government)
- * Information in terms of Government programme/areas of work (e.g., maternal health, child health, immunisation, family planning, vector borne disease, NLEP, RNTCP, IDSP, NRHM initiatives-ASHA, JSY).
- * Number of beds system-wise and specialty-wise providing in-patient care (e.g. General Bed/Surg Beds, Special Care Beds)
 - * Total discharges.

FORM- 'RATE'

MINIMUM LIST OF SERVICES FOR WHICH RATES ARE TO BE DISPLAYED

| Name of the service | Type of service | Charges (in ₹) |
|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------|
| (1) | (2) | (3) |
| Room Charges: (includes room/bed charges, Nursing charges, Medical Utilities charges). | General services Private rooms: Semi Deluxe - shared Deluxe with AC. | |
| Intensive Care Units: (Charges include the ICU bed charges, medical utilities, monitoring and nursing charges). | MICU & ICU NEURO POW Neonatal ICU Paediatrics ICU | |
| OT Charges: | | |
| General Anesthesia ½ hour | General ward twin/triple sharing. | |
| General Anesthesia 1 hour | General ward twin/triple sharing. | |
| Local Anesthesia | ½ hour 1 hour | |
| Surgical procedures charges (package) (includes surgeon charges+Anesthetist charges* Nursing home charges and in-patient medicine charges). | General surgical procedures Ob & Gy procedures Orthopaedic surgical procedures Cardiac surgical procedures | |
| Doctor consultation charges: | OP Specialist Super Specialist. | |
| IP | Per visit | |
| Emergency visits | Per visit | |
| Emergency care team charges | 3 shift per day | |

| Part-II] |
|----------|
|----------|

LA GAZETTE DE L'ETAT

77

| (1) | (2) | (3) |
|--------------------------------------------------|-------------------------------|-----|
| Diagnostic charges | | ₹ |
| Common diagnostic tests X-ray per film | | |
| Ultra sound, General and | Abdomen | |
| Obstetrics care | Female pelvic KUB | |
| CT Scan: | Brain Plain | |
| Multi slice/ Spiral /CT Scan | Chest/Abdomen/Neck/ Spine. | |
| MRI 0.5/1/1. 5 (Magnetic Resonance Imagin) | Brain Chest Contast | |
| ECG/TMT/ECHO/EMG/EEG | | |
| Upper GI Endoscopy/Lower GI Endoscopy | | |
| Lab. investigation | | |
| Random blood sugar | | |
| Serum creatinine | | |
| CBP/ESR/CUE | | |
| Blood Group | | |
| Blood for MP | | |
| LFT | | |
| Lipid profile | | |
| HBSAG/VDRL/HIV | | |
| Electrolytes T3,T4,TSH | | |
| Any other items (not included above). | | |

Note: Other service charges for in-patient such as drug and disposables, investigation and concession, if any, shall be displayed at appropriate places for the benefits of the patient.

CG3 ANNEXURE

State/District Register for Clinical Establishment Details of Information Required

(A) At State/District level:

Total number of establishment by

- Category
- System of medicine practiced
- Type of service provided
- Rural/Urban
- No. of beds

Number of clinical establishments increased or decreased

Number of inspections carried out

Number of pending application with reasons

Action taken against non-register establishments operating in violation of the Act.

Complaint received by the State Council under the Act and action taken pursuant thereto.

(B) Detailed information

Details of each clinical establishment by

Name

Location containing details

Rural/ Urban/Metropolitan

Village/Town

Taluka

District

State

PIN code

Phone number

e-mail ID:

Ownership details

Name of owner

Educational qualification

Person in-charge of clinical establishment

Education qualification

Urban/Rural designation

Longitude/Latitude systems of medicine offered

Number of beds system-wise and specialty-wise in clinical establishments providing in-patient care.

Total employees.

Total discharging:

Average length of stay (OP/IP)

Utilisation statistics

Details of staff with name, qualification, Registration number, temporary or permanent.

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